

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/22/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Individual Psychotherapy 1 X 6

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified Psychologist

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
- ☐ Overturned (Disagree)
- ☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
Utilization review determination dated 07/18/12, 08/06/12
Reconsideration request dated 08/01/12
Patient face sheet
Referral form dated 04/27/12
Individual psychotherapy note dated 07/11/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. Individual psychotherapy note dated 07/11/12 indicates that the patient has completed 6 sessions of individual psychotherapy. Current medications are Elavil and Tramadol. Diagnoses are pain disorder associated with both psychological factors and a general medical condition, chronic; and major depressive disorder, severe without psychotic features. The patient notes he continues to struggle with sleep due to pain and positioning. During the session, the patient became tearful several times. He endorses feeling like a failure. He endorses active suicidal ideation, but no plan or intent. He agreed to a no-harm agreement. BDI is 42 and BAI is 37.

Initial request for individual psychotherapy 1 x 6 was non-certified on 07/18/12 noting that the patient has now completed several sessions of individual psychotherapy. The brief treatment update on 07/11/12 provides minimal data concerning the patient's response to previous psychotherapy, no assessment of the severity of the patient's current psychological symptoms and no objective treatment goals for the additional treatment. Vague suicidal ideations are noted in the treatment updates, but according to Dr., the patient is not currently suicidal. Dr. states the patient is now 'overwhelmed', not suicidal. The current evaluation does not assess the factors that may have contributed to the patient's inability to benefit from several sessions of individual psychotherapy. No functional improvements are reported. This presents a poor prognosis for the requested additional treatment. Reconsideration

dated 08/01/12 indicates that pain level is unchanged at 8/10. Irritability remains 8/10. Frustration decreased from 10 to 8/10, muscle tension 9 to 8/10, anxiety 9 to 8/10. BAI decreased from 48 to 37 and BDI from 50 to 47. The denial was upheld on appeal dated 08/06/12 noting that the mental health report of 08/01/12 does not record diagnostic impressions. There are no randomized controlled trials or other high quality evidence supporting the use of unimodal psychotherapeutic techniques in producing reliable functional improvements and/or reduction of disability with this type of chronic benign pain presentation. Six individual psychotherapy sessions have been recently provided to date, and there is no indication/documentation of clinically meaningful objective functional improvements. The measurement of short-term patient progress with self-report psychometric instruments is not meaningful and does not demonstrate clinically meaningful progress.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for individual psychotherapy 1 x 6 is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 6 recent individual psychotherapy sessions; however, the submitted records fail to document any significant objective functional benefit. Irritability remains 8/10. Frustration decreased from 10 to 8/10, muscle tension 9 to 8/10, anxiety 9 to 8/10. BAI decreased from 48 to 37 and BDI from 50 to 47. The patient's Beck scales remain exceedingly high; however, there is no indication that the patient has undergone psychometric testing with validity measures to assess the validity of his subjective complaints. Given the current clinical data, the requested individual psychotherapy is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☐ ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

☐ DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

☐ INTERQUAL CRITERIA

☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

☐ MILLIMAN CARE GUIDELINES

☒ ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

☐ TEXAS TACADA GUIDELINES

☐ TMF SCREENING CRITERIA MANUAL

☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)